

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6	1						56						
7		1					57						
8	1						58						
9		1					59						
10		1					60						
11	1						61						
12		1					62						
13	1						63						
14	1						64						
15	1						65						
16		1					66						
17	1						67						
18		1					68						
19		1					69						
20	1						70						
21		1					71						
22	1						72						
23	1						73						
24	1						74						
25		1					75						
26		1					76						
27		1					77						
28	1						78						
29		1					79						
30		1					80						
31	1						81						
32		1					82						
33		1					83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	14						TOTAL IND.						
TOTAL DEP.	19						TOTAL DEP.						
TOTAL CLAIMS	33						TOTAL CLAIMS						

BEST AVAILABLE COPY